

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2669AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA FAMILY PRACTICE RESIDENCY PROGRAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5763 W OAKEY LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted at your facility on 3/05/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled and/or persons with mental illness. The census at the time of survey was 8. Eight resident files were reviewed and 11 employee files were reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review on 3/05/10, the facility failed to ensure 2 of 11 caregivers complied with	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  NAC 441A.375 regarding tuberculosis testing (Employee #9, and #11).  This was a repeat deficiency from the 2/25/09 State Licensure survey.  Severity: 2      Scope: 1	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 3/05/10, the facility failed to ensure 4 of 11 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #3, #4, #9 and #11).  This was a repeat deficiency from the 2/25/09 State Licensure survey.  Severity: 2      Scope: 2	Y 105			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 936			

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Y 936	<p>Continued From page 2</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/05/10, the facility failed to ensure 1 of 8 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4) which affected all residents.</p> <p>This was a repeat deficiency from the 2/25/09 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p>	Y 936		

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